

Article - Health - General

[\[Previous\]](#)[\[Next\]](#)

§10–207.

(a) By January 1, 1992, within existing resources, the Director shall update the current Mental Hygiene Administration 3–year plan for mental health, which was submitted to the federal government in response to § 1925 of the Public Health Service Act, in order to plan for those individuals who:

(1) Have a serious mental disorder as defined in the plan; and

(2) Are not receiving the appropriate array of community–based services described in the “total need” section of the 3–year mental health plan that expired on June 30, 1991.

(b) (1) On or after October 1, 1993, within existing resources and in concert with local core service agencies or local behavioral health authorities, the Director shall prepare a comprehensive mental health plan which identifies the needs of all individuals who have a serious mental disorder and who are targeted for services in the “Comprehensive Mental Health Services Plan” submitted by the State to the federal government in accordance with § 1925 of the Public Health Service Act.

(2) The comprehensive mental health plan shall:

(i) Include annual strategic projections, through the year 2000, of resources needed;

(ii) Plan for those individuals who have a serious mental disorder, including those who are presently not being served by the public mental health system, those who are homeless, and those children, adults, and elderly individuals living without services in the community with their families or on their own who are at risk of further institutionalization;

(iii) Plan for individuals who have a serious mental disorder and who are presently residing in a State facility, nursing home, or jail who could appropriately be served in the community if the proper community–based services were available to them;

(iv) Plan for individuals who have a serious mental disorder and who are unable or unwilling to obtain community–based services from existing State–supported programs or from the private sector and assess their need for additional, flexible, individualized, or otherwise more appropriate services;

(v) Plan for the extent of need for the development of additional community-based housing and related support services;

(vi) Plan for the extent of the need for additional community-based support services, including rehabilitation, clinical treatment, case management, crisis and emergency services, mobile treatment, in-home intervention services, school-based, after-school services, respite and family support services, and vocational services in order to implement the orderly transfer of institutionalized individuals who can live in the community and to serve those individuals presently in the community who are now underserved or unserved and at risk of institutionalization;

(vii) Evaluate the role of existing State hospitals and plan for the reallocation to the community of any funds saved through hospital downsizing, consolidation, or closure; and

(viii) Be consistent with the goal of providing comprehensive, coordinated community-based housing and support services for every individual who has a serious mental disorder and who is appropriate for and in need of such services.

(c) The Director shall, in concert with local core service agencies or local behavioral health authorities, implement each plan to the extent that resources are available.

[\[Previous\]](#)[\[Next\]](#)